

SHARED EQUITY PAYMENT

THIS FORM IS MAILED SEPARATELY TO THE FINANCE OFFICE MAIL CODE FC-340E

Servicing Office: _____

Borrower Name(s): _____

Borrower Address: _____

City: _____ State: _____ Zip Code: _____

Borrower Social Security Number: _____

Borrower Case Number (ST-CTY-ID): _____

Original Loan Amount: \$ _____ Date of Loan: _____

Guaranteed Loan No: _____ Obligated Loan No: _____

Date Loan Paid in Full/Refinanced: _____

Total Shared Equity Due to RHCDS: _____

Amount of this Payment: _____

Remaining Shared Equity Due from Borrower: _____

Due Date of Next Payment: _____

REMINDER: THE PAYMENT SHOULD BE SUBMITTED WITH FORM FmHA 451-2, SCHEDULE OF REMITTANCES, MISCELLANEOUS COLLECTION CODE 35.